matched population during the same timeframe. **Conclusions:** Initial findings from the pilot study indicate that combining home-based medical care and a novel technology-enabled dementia care program can lead to high participant adherence, high program satisfaction, reductions in caregiver burden and lower patient healthcare utilization both during and after the completion of the program. A continuation study with more dyads that are distributed across multiple geographic locations is currently being investigated.

P2-510 TOWARDS A NOVEL INTERVENTION FOR BLACK FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA

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Background: Alzheimer's disease and/or related dementia (ADRD) incidence is on the rise among Black older adults. Black family caregivers of persons diagnosed with ADRD are most at risk for a new dementia-related diagnosis, however few culturally tailored program exist that are designed to help caregivers reduce risk by reinforcing adaptive coping skills and improving self-management of chronic disease. **Methods:** The ACE Pilot Project was designed to test the feasibility of a larger descriptive study designed to identify the relationships between the adaptive coping strategies used by Black family caregivers of persons with ADRD and self-reported outcomes including self-efficacy in caregiving, perceived rewards, and various measures of health. Participants (n=30), completed a demographic questionnaire and a battery of assessments. Descriptive analysis was completed using IBM SPSS. **Results:** Participant recruitment was successfully completed by using registries of the Michigan Alzheimer's Disease Center (MADC) and the Michigan Center for Urban African American Aging Research (MCUAAAR). Additional participants were recruited by referral and at community education events sponsored by both centers. Participants were mostly women (90%) with a body mass index of over 25 indicating a health status of overweight (34.7%), obese (30.7%), or morbidly obese (30.8%). More than 60% reported hypertension and about 20% reported diabetes. Fifty-three percent of participants reported daily moderate pain with an intensity of 5 on a 0-10 scale. Most caregivers were over 60 years old and caring for their parent or spouse. The coping strategies most readily identified by participants included information gathering, taking strength from spirituality, and use of past experiences. **Conclusions:** The proposed study is feasible with little participant burden and the recruitment strategy is effective.

P2-511 NOT ALL DEMENTIA CAREGIVING IS THE SAME: BEHAVIORAL VARIANT FRONTOTEMPORAL DEMENTIA COMPARED TO YOUNG-ONSET ALZHEIMER'S DISEASE CAREGIVER BURDEN

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Background: Family caregiving behavioral variant Frontotemporal dementia (bvFTD) poses distinct burdens and emotions compared to caring for someone with a Young-onset Alzheimer's disease (YOAD). **Methods:** We compared 17 family caregivers caring for someone afflicted with a bvFTD to 22 with a YOAD— two of the most common young-onset dementias. We compared both groups on caregiver burden, distress and depression using the Zarit Burden Inventory (ZBI), the NPI Caregiver Distress Scale (NPI-D) and Center for Epidemiologic Studies Depression Scale (CES-D). We then explored items in the ZBI to the most different/similar concerns between groups. **Results:** There were no significant difference between the bvFTD and YOAD caregivers on mean age, education, marital status and relationship to care recipient. We found overall significantly greater burden, depression and distress in bvFTD caregivers compared to YOAD caregivers. There were five significantly different burdens affecting bvFTD caregivers: "doesn't have enough time for self" (p-value= 0.017); "embarrassed over relative's behavior" (P-value=0.006); "feels social life has suffered because of caring for relative" (P-value=0.026); "feels uncomfortable about having friends over because of relative" (p-value= 0.0004); and "feels could do a better job in caring for your relative" (p-value= 0.0244). **Conclusions:** These findings suggest that bvFTD caregivers may be affected by more social interaction related burdens compared to YOAD caregivers. Hence, in bvFTD caregiving, burden may be a result of not only of how much caregiver are expected to do and give-up but also how the caregiving experience makes them feel. Findings in this study have major implications on how we can provide targeted effective support to this early-onset dementia population.

P2-512 LEVELS OF CAREGIVING FOR PATIENTS WITH ALZHEIMER'S DISEASE

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Background: Caring for patients with Alzheimer's disease can be difficult, especially as the disease progresses. We investigated the Alzheimer's disease caregiver journey as described by patients, caregivers, and literature, to understand the care that is provided to patients with Alzheimer's disease and how it can be improved. **Methods:** We reviewed Alzheimer's disease-related conversations extracted from social network sources (such as Twitter, Blogs, Forums, etc.), from April 1, 2017 through October 31, 2018. Based on netnographic and qualitative research methods, we analyzed these conversations to understand the varying levels of caregiving described by caregivers and patients with Alzheimer's disease. We classified caregiving into seven levels. We compared our findings with the Global Deterioration Scale (GDS), the three Alzheimer's stages (mild, moderate, severe), and advocacy groups' suggestions regarding the amount of care and assistance that caregivers provide to their patients with Alzheimer's disease and the impact on their own wellbeing. **Results:** The seven progressing levels of caregiving do not always coincide with the seven stages in the GDS. Advocacy groups typically recommend the role of the caregiver or the amount of care that is needed for patients